|                                                                                       | patent a                                 | RD                                       | Application or Docket Number 19660725 |                        |              |                   |        |                  |                              |                        |           |                     |                        |  |
|---------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------|------------------------|--------------|-------------------|--------|------------------|------------------------------|------------------------|-----------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                                       |                                          |                                          |                                       |                        |              |                   |        |                  | EN.                          | 1174<br>7              |           | OTHER<br>SMALL      |                        |  |
| TC                                                                                    | TAL CLAIMS                               |                                          | 41                                    | <del>''</del>          | Coldini Zi   |                   | ŗ      | YPE<br>RATE      |                              | FEE                    | OR<br>] [ | RATE                | FEE                    |  |
| FO                                                                                    | R                                        |                                          | NUMBER FILED                          |                        | NUMBER EXTRA |                   | e      | BASIC F          |                              | 375.00                 | OR        | BASIC FEE           | 750.00                 |  |
| <b> </b>                                                                              | TAL CHARGEA                              | BLE CLAIMS                               |                                       |                        | * 21         |                   | -      | X\$ 9≈           | ┪                            |                        | Un        | X\$18=              |                        |  |
| IND                                                                                   | EPENDENT CL                              | AIMS                                     | ( minus 3 =                           |                        | * 10         |                   | -      | X42=             |                              | 189                    | OR        |                     |                        |  |
| <u> </u>                                                                              |                                          | DENT CLAIM P                             | ┖┈┼┈──┸                               |                        |              |                   | -      | A42=             |                              |                        | OR        | X84=                |                        |  |
|                                                                                       |                                          |                                          |                                       |                        |              |                   |        |                  | +140=                        |                        | OR        | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                          |                                          |                                       |                        |              |                   |        | TOTA             | L                            | 564                    | OR        | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |                                          |                                          |                                       |                        |              |                   |        |                  | . F                          | NTITY                  | OR        | OTHER<br>SMALL      |                        |  |
|                                                                                       | (Column 1)<br>CLAIMS                     |                                          |                                       | HIGH                   | EST          | (Column 3)        | F      | SIGIAL           |                              | ADDI-                  |           | O.II.A.E.E.         | ADDI-                  |  |
| AMENDMENT A                                                                           | 8/3/07                                   | REMAINING<br>AFTER<br>AMENDMENT          |                                       | NUMI<br>PREVIO<br>PAID | USLY         | PRESENT EXTRA     | RATI   | RATE             | - 11                         | FEE                    |           | RATE                | TIONAL                 |  |
| NDIM                                                                                  | Total                                    | * 72                                     | Minus                                 | ** 4                   | //           | =31               |        | X\$ 9            |                              | 775                    | OR        | X\$18≡              |                        |  |
| ME                                                                                    | Independent                              | * 6                                      | Minus                                 | ***                    | 3            | -3                | 16 X4  |                  | ┰┤                           | \$0D                   | OR        | 200<br>X84=         |                        |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                          |                                       | CLAIM                  |              | -                 | +140=  | ᠆ᡥ               |                              |                        | +280=     |                     |                        |  |
| 4                                                                                     |                                          |                                          |                                       |                        |              |                   |        | TOT              | <u> </u>                     |                        | OR        | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)                                                      |                                          |                                          |                                       |                        |              |                   |        |                  | ADDIT. FEE 075 OR ADDIT. FEE |                        |           |                     |                        |  |
|                                                                                       |                                          | (Column 1)<br>CLAIMS                     | SPAN, TAKE                            | HIGH                   | EST          |                   |        |                  |                              | ADDI-                  | 1         |                     | ADDI-                  |  |
| MENDMENT B                                                                            |                                          | REMAINING<br>AFTER<br>AMENDMENT          |                                       | NUM<br>PREVIO<br>PAID  | DUSLY        | PRESENT<br>EXTRA  |        | RATE             | - 11                         | TIONAL                 |           | RATE                | TIONAL                 |  |
| DINE                                                                                  | Total                                    | t                                        | Minus                                 | ##                     |              | =                 |        | X\$ 9=           |                              | 166                    | OR        | X\$18=              |                        |  |
|                                                                                       | Independent                              | *                                        | Minus                                 | ***                    |              | =                 | -      | X42=             | }                            |                        |           | X84=                |                        |  |
| 4                                                                                     | FIRST PRESE                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                       |                        | CLAIM        |                   | -      |                  |                              |                        | OR        |                     |                        |  |
|                                                                                       |                                          |                                          |                                       | +140=<br>TOT/          |              |                   | OR     | +280=            |                              |                        |           |                     |                        |  |
|                                                                                       |                                          |                                          |                                       |                        |              |                   |        |                  | AL                           |                        | OR        | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                                      |                                          |                                          |                                       |                        |              |                   |        |                  |                              |                        |           |                     |                        |  |
| AMENDMENT C                                                                           |                                          | REMAINING<br>AFTER<br>AMENDMENT          |                                       | NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA  |        | RATE             |                              | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| ND IS                                                                                 | Total                                    | ti                                       | Minus                                 | **                     |              | =                 | X\$ !  | X\$ 9=           |                              |                        | OR        | X\$18=              |                        |  |
| ME                                                                                    | Independent                              | #                                        | Minus                                 | ***                    |              | =                 |        | X42=             | ┪                            |                        | 1         | X84≈                |                        |  |
|                                                                                       | FIRST PRESE                              | NTATION OF M                             | ILTIPLE DEPENDENT                     |                        | CLAIM        |                   |        |                  | }                            |                        | OR        |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                          |                                          |                                       |                        |              |                   |        |                  |                              |                        | OR        | +280=               |                        |  |
| **                                                                                    | If the "Highest Nu                       | mber Previously Pa<br>mber Previously P  | aid For" IN THI                       | S SPACE i              | s less tha   | n 20, enter "20." | A[     | TOTA<br>DDIT. FE |                              |                        | OR        | TOTAL<br>ADDIT. FEE | L                      |  |
|                                                                                       | The "Highest Nun                         | nber Previously Pa                       | id For* (Total o                      | Independ               | ent) is the  | highest numbe     | r foun | d in the         | appr                         | opriate box            | in co     | lumn 1.             |                        |  |